

Application for Evaluator License

State of Iowa
Board of Educational Examiners
Licensure

Grimes State Office Building

Year

Revised 8/05

INS	STR	111	CT	NS.

Applicant's Folder #

☐ Male

☐ Female

Street and number

- 1. Attach official/original college/university transcripts of credit, or credit verification forms from SAI.
 - NO GRADE REPORTS OR COPIES ACCEPTED.
- 2. Attach a copy of a certificate verifying completion of the new child and dependent abuse reporter training. (This is not required if you are applying for your first "stand-alone" evaluator license.)
- 3. The fee for a stand-alone evaluator license, or for the first evaluator endorsement to be added to your license, is \$85.
- 4. A complete application must include the completed application, official transcripts, and fee.

Social Security#

First Name

City

5. Please allow 6 to 8 weeks to process.

Last Name

6. Send all materials and check or money order (made payable to Board of Educational Examiners) to:

State of Iowa, Board of Educational Examiners Licensure, Grimes State Office Building, Des Moines, Iowa 50319-0146.

Middle Name

State

Date of Birth

Month

Maiden Name

Zip Code

Home Phone	Work Phone	Email Ad	ldress	<u> </u>
()	()			
Background Information: For any "Yes" response attach a written ex	volunation on 8 1/2 v 11" paper	Ro suro to includ	a the date of the v	iolation, DO NOT explain on
this application form. *If you have reported				
this application if no further conviction(s) h				
	er been convicted of a felony? er been convicted of a crime ot	her than parking o	or speeding violatio	one (report any OWIs)?
	er had a founded report of child			ons (report any Owns):
	er had an educational license re			
	Inited States citizen?			
If you answered "No," check if you a				
a qualified alien (as defined				
an alien who is paroled into			d)(5) for less than	one year.
	appropriate documentation.)			
a foreign national not physic other – Please provide a det			eet of paper	
otilei – Flease provide a dei	lalled explanation on a sepa	1ale 0 /2 X 11 SII	eet of paper.	
Statement of Fraud: An application will be			t contains any fals	e representation or omission o
material fact, or if false records are submit	tted in support of the applicatio	n.		
I certify under penalty of perjury and pursu	uant to the laws of the state of I	owa that the prece	eding information i	s true and correct.
Signature of Applicant		ate		